

**STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
JUVENILE JUSTICE COMMISSION
SUBGRANT APPLICATION**

FORMULA GRANTS PROGRAM

1. Type of Application: Initial: _____ Continuation of: _____
2. Program Title: _____
3. Implementing Agency: _____
4. Project Address: _____
5. Project Duration: From _____ to _____
6. Program Area: _____
7. Project Director
Name _____ Title _____
E-mail address _____ Phone _____
Address _____ Zip Code _____
8. Contact Person (Person directly responsible for project)
Name _____ Phone _____
E-mail address _____ Fax # _____
9. Financial Officer
Name _____ Phone _____
Address _____ Zip Code _____

For JJC Use Only:
Total JJDP Funds Requested:

\$ _____

JJC/JJDP Budget Approval
Project Officer Signature

Project No Received	Date
Subgrant Period	
Subgrant Number Approved	Date

PROJECT FORMAT CHECKLIST

Please ensure that you have addressed all sections of the application as outlined in the Proposal Format. Scoring is based on 100 point total, as indicated.

Did you include:

- | | | |
|-----|--|-------|
| 1. | Executive Summary (5 points) | _____ |
| 2. | Applicant Agency/Capacity (10 points) | _____ |
| 3. | Problem Statement (15 points) | _____ |
| 4. | Logic Model (25 points) | _____ |
| 5. | Evaluation (10 points) | _____ |
| 6. | Personnel/Management (5 points) | _____ |
| 7. | Collaboration (10 points) | _____ |
| 8. | Cultural Competency Analysis (5 points) | _____ |
| 9. | Assumption of Cost (5 points) | _____ |
| 10. | Budget/Budget Narrative (10 points) | _____ |
| | TOTAL | _____ |

IN ADDITION, HAVE YOU INCLUDED: Application Face Sheet, Executive Summary, Letters of support and commitment?

Please direct any questions to Danielle Hill, Gender Specific Coordinator,
Program Development and Prevention Services Unit, 609-341-3805